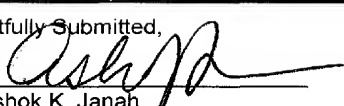


IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Grimbergen et al.	Group Art Unit: 1763
Application No: 09/595,778 Confirmation No: 6490	Examiner: Allan W. Olsen
Filed: June 16, 2000	Attorney Docket No: 002077 USA D01/ETCH/SILICON/MDD
Title: APPARATUS AND METHOD FOR MONITORING PROCESSING OF A SUBSTRATE	June 13, 2007 San Francisco, California

Commissioner for Patents VIA ELECTRONIC FILING	Extension of Time		
	<input checked="" type="checkbox"/> Applicant petitions for an extension of time under 37 C.F.R. 1.136		
Papers Enclosed	Extension (Months)	Extension Fee	
		Large Entity	Small Entity
<input checked="" type="checkbox"/> Amendment	<input checked="" type="checkbox"/> One Month	\$120.00	\$60.00
<input type="checkbox"/> Declaration	<input type="checkbox"/> Two Months	\$450.00	\$225.00
<input type="checkbox"/> 0 Drawings	<input type="checkbox"/> Three Months	\$1,020.00	\$510.00
<input type="checkbox"/> Supplemental Information Disclosure Statement	Total \$ 120.00		
<input type="checkbox"/> PTO-1449 Form	<input type="checkbox"/> Applicant believes that no extension of term is required. However, this conditional petition is being made in case applicant has inadvertently overlooked the need for a petition for extension of time.		
<input type="checkbox"/> Citations			
<input type="checkbox"/> Terminal Disclaimer			
<input type="checkbox"/> Postcard for Return			

Fees for Extra Claims						
	Claims remaining after amendment	Highest number previously paid for	Number Extra	Rate		Additional Fee
				Large Entity	Small Entity	
Total Claims	68	89	0	\$50.00	\$25.00	\$0.00
Independent Claims	9	12	0	\$200.00	\$100.00	\$0.00
Multiple Dependent Claims	0	0	0	\$360.00	\$180.00	\$0.00
Supplemental Information Disclosure Statement						
Total						\$0.00

Fee Payment		Fee Deficiency	
Extension Fees	\$120.00	<input checked="" type="checkbox"/> If any additional extension and/or fee is required, please charge Deposit Account No. <u>10-0258</u> . and/or <input checked="" type="checkbox"/> If any additional fee for claims is required, please charge Deposit Account No. <u>10-0258</u> .	
Fees for Extra Claims	\$0.00		
Total	\$120.00	Please direct telephone calls to: Ashok K. Janah at (415) 538-1555 Please continue to send correspondence to: Janah & Associates, P.C. 650 Delancey Street Suite 106 San Francisco, CA 94107	
<input type="checkbox"/> Attached is check no. _____ in the sum of \$0.00. <input checked="" type="checkbox"/> Please charge Deposit Account No. <u>10-0258</u> in the sum of <u>\$120.00</u> .		Respectfully Submitted, By:  Date: <u>June 13, 2007</u> Ashok K. Janah Registration No. <u>67,487</u>	